

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MCLean</i>		04-11-01
O.I.P.E. CLASSIFIER	<i>m</i>	45	5/5
FORMALITY REVIEW	AM	917	05-11-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interferences  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE